



FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/608,904-Conf. #7777
		Filing Date	June 27, 2003
		First Named Inventor	David D. Konieczynski
		Examiner Name	D. O. Reip
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3731
TOTAL AMOUNT OF PAYMENT		(\$)	1,000.00
		Attorney Docket No.	101896-0180

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 141449 Deposit Account Name: Nutter McClennen & Fish LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
23	- 31 =	x	=			
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
8	- 3 =	5	x 200.00 =			1,000.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,238
Name (Print/Type)	Lisa J. Michaud	Telephone	(617) 439-2000
		Date	November 23, 2005

Fee Transmittal
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.
Dated: November 23, 2005 Signature: (Lisa J. Michaud)



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: David D. Konieczynski et al.
Application No: 10/608,904
Filing Date: June 27, 2003
Entitled: POLYAXIAL BONE SCREW
Atty. Docket No: 101896-180 (DEP-5096)

Group Art Unit: 3731

Examiner: David O. Reip

Certificate of Mailing (37 C.F.R. 1.8(a))

I hereby certify that this correspondence is being deposited with the United States Postal Service Post Office with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date set forth below.

November 23, 2005

Date of Signature and Mail Deposit

By:


Lisa J. Michaud, Reg. No: 44,238

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Dear Sir:

Applicants submit the following amendments and remarks in response to the Office Action dated August 25, 2005.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

11/28/2005 HDESTA1 00000014 10608904

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